

Crocs, Inc.

500 Eldorado Blvd., Bldg. 5, Broomfield, CO 80503
Tyler Baron, Senior Director Income Tax

Date: August 7, 2025

Application Facts:

Industry **Transportation, Warehousing & Utilities**
NAICS **316210**
Type of App **Expansion**
Location **Clark County**
RDA LVGEA, Heather Brown

Company Profile

Crocs, Inc. (Crocs) plans to expand its current facility, in the City of North Las Vegas, to establish an e-comm orders fulfillment operation. This massive, state-of-the-art fulfillment center will be Crocs key hub for shipping all Crocs products across the U.S. and open new channels of distribution to fulfill e-comm and retail. The North Las Vegas facility primarily ships Hey Dude footwear nationwide, with plans to grow and include additional Crocs products. Expansion at this facility is a key element in Crocs' supply chain optimization, supporting both the Hey Dude brand, acquired in 2022, and the broader Crocs ecosystem. It consolidates distribution efforts and driving faster delivery, better inventory management, and economic efficiency. Crocs is a world leader in innovative casual footwear for men, women and children. Since its inception in 2002, Crocs has sold more than 720 million pairs of shoes in more than 90 countries around the world. Crocs is proud of its culture of giving back to the community. Through the global 'Crocs Cares' program, the company focuses on providing shoes to address human needs, funds to support inclusion and those in need, and time to enable its employees to support their local communities. *Source: Crocs, Inc.*

Tax Abatement Requirements:

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	25	40	Yes
Average Wage	\$32.51	\$34.03	Yes
Equipment Capex (SU & MBT)	\$1,247,285	\$80,000,000	Yes
Equipment Capex (PP)			

Additional Requirements:

Health Insurance	65%	85%	Yes
Revenues generated outside NV	51%	95%	Yes
Business License	<input checked="" type="checkbox"/> Current	<input type="checkbox"/> Pending	<input type="checkbox"/> Will comply

Total Tax Liability (without tax abatements)Direct (company)Total**\$10,055,470****\$24,724,215****Tax Abatements**Contract TermsEstimated Tax Abatement

Sales Tax Abmt.	4.6% for 2 years	\$3,020,000
Modified Business Tax Abmt.	50% for 4 years	\$48,355
Personal Property Tax Abmt.	50% for 10 years	\$1,629,380

Total Estimated Tax Abatement over 10 yrs.**\$4,697,735****Net New Tax Revenues**DirectIndirectTaxes after Abatements**Local Taxes**

Property	\$10,247,845	\$2,458,192	\$12,706,037
Sales	\$2,430,625	\$1,283,383	\$3,714,008
Lodging	\$0	\$67,344	\$67,344

State Taxes

Property	\$560,496	\$143,877	\$704,373
Sales	\$1,710,000	\$430,865	\$2,140,865
Modified Business	\$388,279	\$283,938	\$672,217
Lodging	\$0	\$21,636	\$21,636

Total Estimated New Tax Revenue over 10 yrs.**\$15,337,245****\$4,689,235****\$20,026,480****Economic Impact over 10 yrs.**EconomicConstructionTotal

Total Jobs Supported	129	83	212
Total Payroll Supported	\$69,494,435	\$5,672,649	\$75,167,084
Total Economic Value	\$178,067,929	\$15,995,306	\$194,063,235

Economic Impact Output per Abatement Dollar**New Total Tax per Abated Dollar****\$37.91****\$4.26****IMPORTANT TERMS & INFORMATION**

Tax Abatements are reduction or discount of tax liability and companies do not receive any form of payment.

Total Estimated Tax Abatement is a tax reduction estimate. This estimated amount will be discounted from total tax liability.

Estimated New Tax Revenue is amount of tax revenues local and state government will collect after the abatement was given to applying company.

Economic Impact is economic effect or benefits that this company and it's operations will have on the community and state economy measured by total number of jobs, payroll and created output.



July 15th 2025

Mr. Tom Burns
Executive Director
Nevada Governor's Office of Economic Development
1 State of Nevada Way, 4th Floor
Las Vegas, Nevada 89119

Dear Mr. Burns,

Crocs, Inc is applying to the State of Nevada's expansion Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement. We request that **Crocs, Inc** be placed on the August 7th 2025, GOED Board meeting agenda.

Crocs, Inc will create **40** new positions in the first 2 years of operations, with an average hourly wage of **\$34.03**. **Crocs, Inc** will make an overall capital investment of **\$90,000,000**.

Crocs, Inc meets the statutory requirements for the expansion Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement. This application has the support of the Las Vegas Global Economic Alliance.

Sincerely,

Heather Brown
SVP Entrepreneurial Development
Las Vegas Global Economic Alliance



500 Eldorado Blvd, Bldg. 5
Broomfield, CO 80021

Date: July 23, 2025

Mr. Tom Burns
Executive Director
Nevada Governor's Office of Economic Development
1 State of Nevada Way, 4th Floor
Las Vegas, NV 89119

Dear Mr Burns,

I am writing to formally express our interest in pursuing tax incentives offered by the State of Nevada in connection with a planned expansion of our distribution center operations within the state.

Crocs, Inc. (NASDAQ: CROX) is a world leader in innovative casual footwear for men, women and children. Crocs offers a broad portfolio of all-season products, while remaining true to its core molded footwear heritage. Since its inception in 2002, Crocs has sold more than 830 million pairs of shoes in more than 90 countries around the world.

We are proud of our existing footprint in Nevada and have found the state to be a highly supportive and strategic location for our business. Building on this success, we are planning a significant expansion that will involve a capital investment of approximately \$90 million and the creation of 40 new full-time positions, with an average hourly wage of \$34.03.

Given the scale of our investment and the quality of jobs being created, we believe our project aligns well with the eligibility criteria for Nevada's Standard Tax Abatements.

We appreciate the opportunity to continue growing in Nevada and respectfully request your consideration for the applicable tax incentives. Please do not hesitate to contact me directly should you require any additional information or wish to discuss our plans further.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Tyler Baron". The signature is written in a cursive, flowing style.

Tyler Baron
Sr. Director, Tax

Standard Tax Abatement Incentive Application

Company Name: Crocs, Inc
Date of Application: June 11, 2025

Company is an / a: (check one)
☐ New location in Nevada
☒ Expansion of a Nevada company

Section 1 - Type of Incentives

Please check all that the company is applying for on this application:

- ☒ Sales & Use Tax Abatement
☒ Modified Business Tax Abatement
☒ Personal Property Tax Abatement
☐ Recycling Real Property Tax Abatement
☐ Other: _____

Section 2 - Corporate Information

COMPANY NAME (Legal name under which business will be transacted in Nevada) <u>Crocs, Inc</u>			FEDERAL TAX ID # <u>20-2164234</u>
CORPORATE ADDRESS <u>500 Eldorado BLVD, BLDG 5</u>	CITY / TOWN <u>Broomfield</u>	STATE / PROVINCE <u>CO</u>	ZIP <u>80503</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)	CITY / TOWN	STATE / PROVINCE	ZIP
TELEPHONE NUMBER <u>866-306-3179</u>	WEBSITE <u>www.crocs.com</u>		
COMPANY CONTACT NAME <u>Tyler Baron</u>	COMPANY CONTACT TITLE <u>Sr Director Income Tax</u>		
E-MAIL ADDRESS <u>tbaron@crocs.com</u>	PREFERRED PHONE NUMBER <u>303-848-7072</u>		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development? ☐ Yes ☐ No
If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

Section 3 - Program Requirements

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- ☒ A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- ☒ New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter following quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- ☒ In both urban and rural areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly wage.
- Note: Criteria is different depending on whether the business is in a county where the population is 100,000 or more or a city where the population is 60,000 or more "urban" area), or if the business is in a county where the population is less than 100,000 or a city where the population is less than 60,000 (i.e., "rural" area).

Section 4 - Nevada Facility

Type of Facility:

- ☐ Headquarters
☐ Technology
☐ Back Office Operations
☐ Research & Development / Intellectual Property
☐ Service Provider
☒ Distribution / Fulfillment
☐ Manufacturing
☐ Other: _____

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA <u>95%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Nov-2025</u>		
NAICS CODE / SIC <u>316210</u>	INDUSTRY TYPE <u>Footwear Manufacturing and Distribution</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Large, multi-channel fulfillment operation to support north America</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>11515 N Donald Lee Adams PKWY</u>	CITY / TOWN <u>North Las Vegas</u>	COUNTY <u>Clark County</u>	ZIP <u>89165</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>Phoenix and Salt Lake City are under consideration</u>			

Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)

Check the applicable box when form has been completed.

5 (A) ☒ Equipment List5 (B) ☒ Employment Schedule5 (C) ☒ Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.5 (D) ☒ Company Information Form**Section 6 - Real Estate & Construction (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up - Plans Over the Next <u>Ten Years</u>	Expansions - Plans Over the Next <u>10 Years</u>
Part 1. Are you currently/planning on leasing space in Nevada? _____ If No, skip to Part 2. If Yes, continue below: What year(s)? _____ How much space (sq. ft.)? _____ Annual lease cost of space: _____ Do you plan on making building tenant improvements? _____ If No, skip to Part 2. If Yes *, continue below: When to make improvements (month, year)? _____	Part 1. Are you currently leasing space in Nevada? <u>Yes</u> If No, skip to Part 2. If Yes, continue below: What year(s)? <u>2034</u> How much space (sq. ft.)? <u>1,000,000</u> Annual lease cost at current space: <u>10,000,000</u> Due to expansion, will you lease additional space? <u>Not at this time.</u> If No, skip to Part 3. If Yes, continue below: Expanding at the current facility or a new facility? _____ What year(s)? _____ How much expanded space (sq. ft.)? _____ Annual lease cost of expanded space: _____ Do you plan on making building tenant improvements? <u>Yes</u> If No, skip to Part 3. If Yes *, continue below: When to make improvements (month, year)? _____
Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? _____ If No, skip to Part 3. If Yes *, continue below: Purchase date, if buying (month, year): _____ How much space (sq. ft.)? _____ Do you plan on making building improvements? _____ If No, skip to Part 3. If Yes *, continue below: When to make improvements (month, year)? _____	Part 2. Are you currently operating at an owner occupied building in Nevada? _____ If No, skip to Part 3. If Yes, continue below: How much space (sq. ft.)? _____ Current assessed value of real property? _____ Due to expansion, will you be making building improvements? _____ If No, skip to Part 3. If Yes *, continue below: When to make improvements (month, year)? _____
Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? _____ If Yes *, continue below: When to break ground, if building (month, year)? _____ Estimated completion date, if building (month, year): _____ How much space (sq. ft.)? _____	Part 3. Do you plan on building or buying a new facility in Nevada? <u>No</u> If Yes *, continue below: Purchase date, if buying (month, year): _____ When to break ground, if building (month, year)? _____ Estimated completion date, if building (month, year): _____ How much space (sq. ft.)? _____

*** Please complete Section 7 - Capital Investment for New Operations / Startup.***** Please complete Section 7 - Capital Investment for Expansions below.**

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

Open new channels of distribution at the distribution center in North Las Vegas to fulfill e-comm and retail. Also, adding Crocs inventory instead of just Hey Dude inventory. This adds significant complexity and volume.

Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): _____	Building Purchase (if buying): _____
Building Costs (if building / making improvements): _____	Building Costs (if building / making improvements): <u>\$10,000,000</u>
Land: _____	Land: _____
Equipment Cost: _____	Equipment Cost: <u>\$80,000,000</u>
Total: _____	Total: <u>\$90,000,000</u>
	Is the equipment purchase for replacement of existing equipment? <u>No</u>
	Current assessed value of personal property in NV: <u>\$6,236,425</u>
	(Must attach the most recent assessment from the County Assessor's Office.)

Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: _____	How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of expanded operations?: <u>40</u>
Average hourly wage of these <u>new</u> employees: _____	Average hourly wage of these <u>new</u> employees: <u>\$34.03</u>
	How many FTE employees prior to expansion?: <u>310</u>
	Average hourly wage of these <u>existing</u> employees: <u>\$27.37</u>
	Total number of employees after expansion: <u>350</u>

* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Overtime | <input checked="" type="checkbox"/> Merit increases | <input type="checkbox"/> Tuition assistance | <input checked="" type="checkbox"/> Bonus |
| <input checked="" type="checkbox"/> PTO / Sick / Vacation | <input type="checkbox"/> COLA adjustments | <input checked="" type="checkbox"/> Retirement Plan / Profit Sharing / 401(k) | <input type="checkbox"/> Other: _____ |

BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):

Health, vision, dental

Section 9 - Employee Health Insurance Benefit Program

Is health insurance for employees and is an option for dependents offered?: <input checked="" type="checkbox"/> Yes (attach health plan and quote or invoice) <input type="checkbox"/> No	
Package includes (check all that apply):	
<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Vision <input checked="" type="checkbox"/> Dental <input type="checkbox"/> Other: _____
Qualified after (check one):	
<input checked="" type="checkbox"/> Upon employment	<input type="checkbox"/> Three months after hire date <input type="checkbox"/> Six months after hire date <input type="checkbox"/> Other: _____
Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: _____	
Employer Contribution (annual premium per employee): <u>\$ 6,936.80</u>	Company: <u>85%</u>
Employee Contribution (annual premium per employee): <u>\$ 1,190.28</u>	Employee: <u>15%</u>
Total Annual Premium: <u>\$ 8,127.08</u>	

[SIGNATURE PAGE FOLLOWS]

Section 10 - Certification

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

Tyler Baron

Name of person authorized for signature

Tyler Baron

Signature

Sr Director Tax

Title

07/23/2025

Date

Nevada Governor's Office of Economic Development

1 State of Nevada Way, 4th Floor, Las Vegas, Nevada 89119 • 702.486.2700 • www.goed.nv.gov

Site Selection Factors

Company Name: Crocs, Inc.

County: Clark

Section I - Site Selection Ratings

Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

Availability of qualified workforce:	<u>5</u>	Transportation infrastructure:	<u>3</u>
Labor costs:	<u>4</u>	Transportation costs:	<u>3</u>
Real estate availability:	<u>5</u>	State and local tax structure:	<u>5</u>
Real estate costs:	<u>5</u>	State and local incentives:	<u>5</u>
Utility infrastructure:	<u>3</u>	Business permitting & regulatory structure:	<u>5</u>
Utility costs:	<u>3</u>	Access to higher education resources:	<u>2</u>

Please summarize the importance of the abatement program to your decision (please include at least a paragraph summary):

The abatements are critical to the decision of whether to expand in Nevada or to chose another location. Nevada is a business friendly environment and we've been happy with having a distribution center there. Now we are looking forward to the next expansion in our business and the abatements are a key deciding factor for us.

5(A) Capital Equipment List

Company Name: Crocs, Inc.

County: Clark

Section I - Capital Equipment List

Directions: Please provide an estimated list of the equipment [columns (a) through (c)] which the company intends to purchase over the two-year allowable period. For example, if the effective date of new / expanded operations begins April 1, 2015, the two-year period would be until March 31, 2017. Add an additional page if needed. For guidelines on classifying equipment, visit:

tax.nv.gov/LocalGovt/PolicyPub/ArchiveFiles/Personal_Property_Manuals. Attach this form to the Incentives Application.

(a) Equipment Name/Description	(b) # of Units	(c) Price per Unit	(d) Total Cost
Racking	1	\$1,000,000.00	\$1,000,000.00
Goods to person equipment solution	1	\$40,000,000.00	\$40,000,000.00
IT infrastructure	1	\$5,000,000.00	\$5,000,000.00
Shipping and routing sorters	2	\$10,000,000.00	\$20,000,000.00
Conveyer	3	\$2,500,000.00	\$7,500,000.00
RF systems	3	\$500,000.00	\$1,500,000.00
Tilt tray sorter system	2	\$2,500,000.00	\$5,000,000.00
TOTAL EQUIPMENT COST			\$80,000,000.00

Is any of this equipment* to be acquired under an operating lease?

☐ Yes☒ No

*Certain lease hold equipment does not qualify for tax abatements

5(B) Employment Schedule

Company Name: Crocs, Inc.

County: Clark

Section 1 - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application. A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

New Hire Position		Number of Positions	(d) Average Hourly Wage	(e) US Bureau of Labor Statistics Average Hourly Wage	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
Chief Executives	11-1011	1	\$125.00	\$143.63	40	\$260,000.00	\$260,000.00
Mechanical Engineers	17-2141	3	\$72.00	\$46.62	40	\$149,760.00	\$449,280.00
Managers, All Other	11-9199	6	\$55.00	\$54.80	40	\$114,400.00	\$686,400.00
First-Line Supervisors of Production and Operating Workers	51-1011	10	\$33.00	\$32.56	40	\$68,640.00	\$686,400.00
Packers and Packagers, Hand	53-7064	20	\$18.00	\$18.46	40	\$37,440.00	\$748,800.00
TOTAL		40	\$34.03	\$32.68			\$2,830,880.00

Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete columns (b) and (c). These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment. [Please enter the estimated new full time employees on a year by year basis \(not cumulative\)](#)

(a) Year	(b) Number of New FTE(s)	(c) Average Hourly Wage	(d) Payroll
3-Year	10	\$35.00	\$728,000.00
4-Year	10	\$37.00	\$769,600.00
5-Year	10	\$39.00	\$811,200.00

* Column (e) determines if wage is commensurate to current wage ranges in the region the company plans to locate/is located. For these purposes the mean average hourly wage for the location has been used.

U = Unknown / data set for region is not currently available.

Source: Lighcast™ county wages based on the Bureau of Labor Statistics Occupational Employment and Wage Statistics program and county-level administrative wage data.

5(C) Evaluation of Health Plans Offered by Companies

Company Name: Crocs, Inc.

County: Clark

Total Number of Full-Time Employees:

40

Average Hourly Wage per Employee

\$34.03

Average Annual Wage per Employee (implied)

\$70,772.00

COST OF HEALTH INSURANCE

Annual Health Insurance Premium Cost:

\$8,127.08

Percentage of Premium Covered by:

Company

85%

Employee

15%

HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:

EPO Plan

Deductible - per employee

\$ 250

Coinsurance

00% / 00%

Out-of-Pocket Maximum per employee

\$ 3,000

Additional Health Insurance Plan*:

PPO Plan

Deductible - per employee

\$ 750

Coinsurance

0% / 0%

Out-of-Pocket Maximum per employee

\$ 3,500

Additional Health Insurance Plan*:

HDHP

Deductible - per employee

\$ 1,650

Coinsurance

0% / 0%

Out-of-Pocket Maximum per employee

\$ 3,300

*Note: **Please list only "In Network" for deductible and out of the pocket amounts.**

Generalized Criteria for Essential Health Benefits (EHB)

[following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022]

Covered employee's premium not to exceed 9.5% of annual wage

2.0%

MEC

Annual Out-of-Pocket Maximum not to exceed \$10,600 (2026)

\$3,000

MEC

Minimum essential health benefits covered (Company offers PPO):

(A) Ambulatory patient services

☒

(B) Emergency services

☒

(C) Hospitalization

☒

(D) Maternity and newborn care

☒

(E) Mental health/substance use disorder/behavioral health treatment

☒

(F) Prescription drugs

☒

(G) Rehabilitative and habilitative services and devices

☒

(H) Laboratory services

☒

(I) Preventive and wellness services and chronic disease management

☒

(J) Pediatric services, including oral and vision care

☒

No Annual Limits on Essential Health Benefits

☒

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached a qualified plan with information highlighting where our plan reflects meeting the 65% minimum threshold for the employee paid portion of the plan for GOED to independently confirm the same.

Tyler Baron

Name of person authorized for signature

Tyler Baron

Signature

Sr Director Tax

Title

07/23/2025

Date

5(D) Paid Family and Medical Leave (PFML)

Company Name: Crocs, Inc.

County: Clark

After October 1, 2023, if the business will have at least 50 full-time employees on the payroll of the business by the eighth calendar quarter following the calendar quarter in which the abatement becomes effective the business, by the earlier of the eighth calendar quarter following the calendar quarter in which the abatement becomes effective or the date on which the business has at least 50 full-time employees on the payroll of the business, has a policy for paid family and medical leave and agrees that all employees who have been employed by the business for at least 1 year will be eligible for at least 12 weeks of paid family and medical leave at a rate of at least 55 percent of the regular wage of the employee.

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that the Applicant will meet this threshold for PFML.

Tyler Baron

Name of person authorized for signature

Tyler Baron
Signature

Sr Director Tax

Title

7/23/2025

Date

5(E) Company Information

Company Name: Crocs, Inc.

County: Clark

Section I - Company Interest List

Directions: Please provide a detailed list of owners and/or members of the company. *The Governor's Office of Economic Development strives to maintain the highest standards of integrity, and it is vital that the public be confident of our commitment. Accordingly, any conflict or appearance of a conflict must be avoided. To maintain our integrity and credibility, the applicant is required to provide a detailed list of owners, members, equity holders and Board members of the company.*

(a) Name	(b) Title
Andrew Rees	CEO
Anne Mehlman	Crocs Brand President
Susan Healy	CFO

Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No ☒ Yes ☐

If Yes, continue below:

Directions: In order to include affiliates/subsidiaries, under the exemption letter, they must to be added to the Contract. Per standard practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the below table to show the exact relationships between the companies and include:

1. The names as they would read on the tax exemption letter.
2. Which entity(ies) will do the hiring?
3. Which entity(ies) will be purchasing the equipment?

Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship
Heydude, Inc is 100% owned by Crocs Inc.

Please include any additional details below:

Abatement Application Addendum (for internal use / information)

Company Name: Crocs, Inc.

County: Clark

Corporate Social Responsibility (CSR)

GOED is very interested in learning about a company's current CSR / Community Engagement Activities. Does the company have any current programs, or future plans in its Nevadan location, that it would like to list? If so please do so below in the space below. Feel free to add space if required:

Stepping Up For One Another

At Crocs we make clogs, slides, and shoes to take you everywhere you want to go in comfort. But we know many people face barriers that prevent them from getting where they want to be. That's why we support programs and partners that build new skills, grow confidence, and open doors to new opportunities. Because when everyone has an opportunity to reach their greatest potential, communities thrive and comfort comes easier.

Equity, Diversity, and Inclusion

Would the company like to highlight any policies / practices for equity, diversity, and inclusion? Feel free to add space if required:

We believe every young person should have the opportunity to step up to their greatest potential. However, around the world most young people aren't on track to learn the skills they need to thrive in school, work, and life*. Through Step Up To Greatness, we support young people to gain new skills, build their confidence, access opportunities, and reach their potential. We do this by working with nonprofit partners, using the power of our brand, raising funds and awareness, and volunteering our time.

Abatement Application Addendum (for internal use / information)

Company Name: Crocs, Inc.

County: Clark

Education Partnerships

Does the company have existing partnerships to recruit or advance workforce development (e.g. workforce boards, community based organizations and education providers)? Additionally, would the company have any anticipated needs, for this project, where GOED / RDAs can provide support? Feel free to add space if required:

Not at this time

Supply Chain

Does the company anticipate purchasing equipment, as noted in the Capital Equipment List, from or through Nevada-based businesses? Does the company wish to submit any notes / highlights re. this? Feel free to add space if required:

The specialized automation equipment will likely come from outside of Nevada, but some equipment will be from Nevada based businesses.

Entity Information

Entity Information

Entity Name:

CROCS, INC.

Entity Number:

E0299172012-6

Entity Type:

Foreign Corporation (80)

Entity Status:

Active

Formation Date:

05/31/2012

NV Business ID:

NV20121348134

Termination Date:

Annual Report Due Date:

5/31/2026

Compliance Hold:

Domicile Name:

Jurisdiction:

Delaware

Business Personal Property Record

Business personal property value is determined by guidelines set forth by the Nevada Administrative Code and is intended for tax purposes only. Assessments are based upon written statements or declarations received by entities required to file as per Nevada Revised Statute 361.265.

GENERAL INFORMATION

[BUSINESS ACCOUNT NO.](#)

228780

PARCEL NO.

[103-34-010-026](#)

[OWNER](#) AND [MAILING ADDRESS](#)

CROCS INC

P O BOX 80615

INDIANAPOLIS IN 46280-0615

[LOCATION ADDRESS](#)

11515 N DONALD LEE ADAMS PKWY

LAS VEGAS 89165-1839

[LIEN HOLDER](#)

[FISCAL YEAR](#)

24-25

DECLARATION AND BILLING STATUS

DECLARATION SENT

7/1/2024

DECLARATION RECEIVED BY ASSESSOR

7/29/2024

BILLING DATE

1/2/2025

ASSESSMENT INFORMATION

TAX DISTRICT

257

TAX RATE

3.3544

[TOTAL ASSESSED VALUE](#)

6,236,425

[ADJUSTED ASSESSED VALUE](#)

EXEMPTION VALUE

2,917,373

PAYMENT INFORMATION

CHARGE DETAILS

Q1

Q2

Q3

Q4

TAX AMOUNT

111,334.28

0.00

0.00

0.00

PENALTY

0.00

0.00

	0.00						
	0.00						
MISC FEE							
	0.00						
	0.00						
	0.00						
	0.00						
VET HOME							
	0.00						
	0.00						
	0.00						
	0.00						
TOTAL CHARGES							
	111,334.28						
	0.00						
	0.00						
	0.00						
PAYMENT DETAILS							
No Payments were found							
MINIMUM AMOUNT DUE							
	111,334.28						
TOTAL AMOUNT DUE							
	111,334.28						
<div>Payment Options</div>							
<div><table><tr><td>TOTAL AMOUNT</td><td>MINIMUM AMOUNT</td><td>OTHER</td></tr><tr><td>\$ 111334.28</td><td></td><td></td></tr></table><div><input type="checkbox"/> I understand that I am being redirected to Point and Pay’s website for payment processing. A convenience fee will be calculated for review prior to payment. The Clark County Assessor’s Office does not store your sensitive credit card information.</div><div>Pay Taxes</div></div>		TOTAL AMOUNT	MINIMUM AMOUNT	OTHER	\$ 111334.28		
TOTAL AMOUNT	MINIMUM AMOUNT	OTHER					
\$ 111334.28							


ASSESSOR MAP VIEWING GUIDELINES

MAP

[103340](#)

In order to view the Assessor map you must have Adobe Reader installed on your computer system.

If you do not have the Reader it can be downloaded from the Adobe site by clicking the following button. Once you have downloaded and installed the Reader from the Adobe site, it is not necessary to perform the download a second time to access the maps.



NOTE: THIS RECORD IS FOR ASSESSMENT USE ONLY. NO LIABILITY IS ASSUMED AS TO THE ACCURACY OF THE DATA DELINEATED HEREON.